

Dear healthcare provider or administrator:

Effective January. 1, 2027, Independent Care Health Plan (iCare®) will update its prior authorization and notification list (PAL). You can view the PAL and find information about changes to the list by visiting the iCare provider website at www.icarehealthplan.org. iCare updates its list when we add prior authorization requirements and when new drugs or technology enter the market.

Notice of changes to prior authorization requirements for medical services

New prior authorization requirements for medical services, effective January. 1, 2027			
Category	Subcategory	Codes	Line of business
Behavioral Health Services	Transcranial Magnetic Stimulation (TMS)	90867, 90868, 90869	All
Capsule Endoscopy		91113	All
Capsule Endoscopy		0977T	Medicare
Decompression of Peripheral Nerve (i.e., Carpal Tunnel Surgery)		29848, 64721	All
Emerging technology/new indicators for existing technology		0686T, 0888T, 1037T	Medicare
Ophthalmology injectable		J3403	Medicare
Prostate Surgeries (Prostatectomy)		55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55867	All

You can submit prior authorization requests for services reviewed by iCare

- Please fax a completed form (found on our website www.icarehealthplan.org/Provider.htm) to **414-231-1026**.

Important notes

- Urgent/emergent services do not require referral or prior authorization.



INDEPENDENT CARE HEALTH PLAN
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- The term prior authorization, (precertification, preadmission) as used in this communication, is defined as a process through which the healthcare provider is required to obtain advance authorization from the plan as to whether an item or service will be covered.
- Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the prior authorization list and should refer to their IPA or risk network for guidance on processing their requests.
- For additional information, refer to **www.icarehealthplan.org**.

If you have questions about this information, please call **855-839-1032** or email paassistants@icarehealthplan.org.

Thank you for the continued care you provide your iCare-covered patients.

Sincerely,
iCare